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**PEER REVIEW FORM**

**Paper Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Review:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Overall Evaluation**

* **Please rate the overall quality of the paper:**
  + Excellent
  + Good
  + Fair
  + Poor  
    (Discard other options)

• Comments:

**2. Evaluation Criteria**

**A. Clarity and Structure**

* Is the paper well-organized and easy to follow?
  + Yes
  + No
* Comments:

**B. Introduction and Background**

* Does the introduction clearly explain the topic and research question?
  + Yes
  + No
* Comments:

**C. Methodology**

* Is the methodology clear and appropriate for the study?
  + Yes
  + No
* Comments:

**D. Results and Interpretation**

* Are the results clearly presented and interpreted?
  + Yes
  + No
* Comments:

**E. Conclusion and Implications**

* Does the conclusion summarize the findings and their relevance to dental and health sciences?
  + Yes
  + No
* Comments:

**3. Strengths**

* What are the strongest points of the paper?

**4. Areas for Improvement**

* What can be improved in the paper?

**5. Recommendation for Publication**

* **Based on your review, how would you recommend the paper?**
  + Accept without revision
  + Accept with minor revisions
  + Revise and resubmit
  + Reject

**6. Confidential Comments to the Editor (Optional)**

* Please include any confidential feedback for the editor.

**7. Comments to the Author**